

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 8, 2019

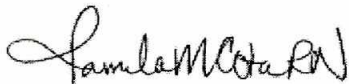
Ms. Jill Loeber, Manager
22 Royce Street House
22 Royce Street
Rutland, VT 05701-4431

Dear Ms. Loeber:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 19, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



PRINTED: 12/20/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0533	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/19/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

22 ROYCE STREET HOUSE

22 ROYCE STREET
RUTLAND, VT 05701

(X4) ID TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	Initial Comments The Division of Licensing and Protection conducted an unannounced, onsite relicensure survey on 12/19/2018. The following regulatory violations were identified.	T 001		
T 044 SS=B	V.5.8.g.1.2.3.4.5.6. Resident Care and Services 5.8 Medication Management 5.8.g Residences must establish procedures for documentation sufficient to indicate to the health care provider, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the residence; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; (5) For residents receiving psychoactive medications, a record of monitoring for side effects; and (6) All incidents of medication errors.	T 044		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE

Assistant Rutland
Program Director
Royce Street House
Manager

(X6) DATE

1/21/19

STATE FORM

689
9

NSPD11

Continuation sheet 1 of 4

T 044 - T 054 POC accepted
28 Nov 2018, RN 1/3/19

PRINTED: 12/20/2018
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NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET RUTLAND, VT 05701			
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T 044	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to ensure that documentation of medication administered by unlicensed staff included all elements as required by the Therapeutic Community Residence Licensing and Operating Regulations for two out of three residents in the sample (Resident #1 & Resident #2) Findings include: Per review of the MAR (medication administration record) Resident #1 received 400 mg of ibuprofen (analgesic) PRN (as needed) for, "back and headache pain" on 12/14/2018 and 650 mg of Tylenol (analgesic) PRN due to a headache on 8/28/2018. While direct care staff documented the reason for administration, there was no documentation indicating the effectiveness of the medication. Resident #2 received 650 mg of Tylenol PRN due to cold symptoms and 500 mg of vitamin C on 11/27/2018. There was no documentation indicating the effectiveness of the medication administered to Resident #2. The Registered Nurse confirmed the absence of this documentation during an interview at 12:45 PM on 12/19/2018, and that the expectation is for staff to document the effectiveness of medication following administration as stated in the residence's medication administration procedures.		T 044	1. All staff tasked with dispensing medications will be reminded via Staff Meeting content and via an email sent to all Rutland Program staff to evaluate effectiveness of Over-the-Counter Medications and document efficacy for each and every OTC medication dispensed. 12/20/18 2. A section of the "Daily Med Checklist" which is affixed daily to the top of the medication cart in the medication room will be added to list "As Needed" medications dispensed, including "Over the Counter Medications," in order to ensure that OTC or PRN medications given less than an hour before the end of a shift are evaluated for efficacy by a staff member working a subsequent shift. 12/26/18 3. Over the Counter efficacy documentation will be included in weekly medication documentation audits performed by the Registered Nurse and reported to the Royce Street House Manager via Weekly Incident Reports. 12/20/18	
T 054 SS=D	V.5.9.d Resident Care and Services 5.9 Staff Services		T 054		

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T 054	<p>Continued From page 2</p> <p>5.9.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the residence as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33 V.S.A. §6911 and 33 V.S.A. §4919 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the residence failed to take all reasonable steps to comply with the requirements related to the employment of an individual who has been convicted of an offense for one out of five staff records reviewed. Findings include:</p> <p>Per review of personnel files, one employee hired in 2018 had a positive criminal background check for one misdemeanor in 2016. There was no evidence that the positive background check had been considered and reviewed at the time of the employee's hiring. The House Manager confirmed at 11:15 on 12/19/2018 that the residence did not have an established policy or</p>	T 054			

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T 054	Continued From page 3 procedure in place to review information received from background checks that is of concern, or to document a review process to determine if any action needs to be taken during the hiring process.	T 054	<p>All employment offers are made contingent upon a clean background check that includes a pre-employment drug test. The results of these checks and tests are held in an individual's personnel file.</p> <p>When the background check exposes information about the individual, it is discussed with the person directly by Human Resources. The Human Resource Director will seek an explanation and further specific information about the situation in question. A decision will be made whether the situation creates doubt about the individual's ability to do the position they are being hired for or violates the program's licensing requirements for staffing.</p> <p>This process has historically been done in complete confidence between Human Resources and the individual, to protect the individual's privacy. It will be the on-going practice to include the hiring manager in the discussion and include documentation of the discussion in the individual's personnel file.</p>	